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Original Department.

Lectures.

LIGHT AND VISION—MORE ESPECIALLY HOW LIGHT IS CONVERTED INTO THOUGHT.

[*Being one of the Cooper Union Lectures for the Advancement of Science and Art, delivered in the Great Hall of the Cooper Institute, in New York, on the 26th of February*, 1870.]

By H. Knapp, M. D.,

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Ladies and Gentlemen:—When the Trustees of this admirable Institution, which enjoys a world-wide reputation, asked me to deliver a lecture on Light and Vision, I was so pleased with the subject, that I readily accepted the honorable invitation. This, however, was not without a feeling of great distrust in my capability to express myself well enough in a foreign language; and, moreover, before an audience essentially different from that I am accustomed to address. It is easy enough to speak in the language of science to the disciples of science; and of all lectures, those on mathematics require the least skillful expositor. But no lecturer can have a more desirable audience than one composed of the inquiring minds selected from all classes of the people, for they are most ready to appreciate the discovery, and feel the scope of grand truths; while, on the other hand their love of knowledge is so genuine, and their thirst for instruction so great, as to excuse in the speaker many imperfections of delivery.

There are not a few learned men opposed to popular lectures on scientific subjects, alleging that science can only be understood by scientists. This, it seems to me, is just as absurd as it would be to pretend that music should only be listened to by musicians. The technicalities of scientific researches may be reserved to the laboratories; but the results of science, being the objects of humanity, the sources of prosperity, and the religion of civilization, belong to the people.

As far as my experience goes, there are more lecturers who fail by underrating the intelligence and culture of their audiences than by overrating them. Starting from fundamental facts, and rising, step by step, every thinking mind may be led into the loftiest regions of human knowledge, where a view of surprising extent and unexpected magnificence will reward him for some roughness, of which even the smoothest paths of earthly travel are not altogether free.

I shall endeavor, to the best of my ability, to lead the way into one of these elevated regions which, though not affording the ephemeral amusement of a theatrical representation, will provoke, unless I am wholly inadequate to the subject, a lasting impression of the divine harmony of nature, and the power of the human mind to penetrate its mysteries.

Light and Vision is too vast a subject for a single lecture. I shall, therefore, confine myself to the exposition of one question of paramount interest connected with it, namely, "*How is light converted into thought?*"

This problem is not new. On the contrary, it has a history dating back to the works of the earliest philosophers; while it still engages the untiring efforts of the greatest naturalists of the present day. Let us consider what were the course and practical results of this

long series of investigations, engendered and kept alive by a question of apparently little practical importance.

As the origin of all ideas may be traced to impressions on the senses, the highest of them, sight, is consequently the most fruitful source of ideas, and its organ, the eye, the broadest channel for conveying impressions to the brain. All speculation on thought, therefore, had to take into consideration, above all, how an impression of light is transformed into an idea. This is the reason that at all times light and vision have concentrated the efforts of the greatest naturalists and philosophers. The opinions on vision entertained by the prominent thinkers of every century had so great an influence on the general opinions concerning all material and spiritual matters, that the history of the theory of sight *constitutes a faithful mirror of the history of philosophy.*

The perceptions of sight and hearing are distinguished from those of the other so-called lower senses, by the remarkable fact that, in the former, the objects perceived act from a distance on the organs of sense; while, when we feel, taste, smell something, the perceived object comes either in solid, liquid, or gaseous state, in contact with the terminal fibres of the sensitive, gustatory, and olfactory nerves. How is it possible for me to open my eyes, and instantly take in the sensation of a landscape of almost infinite extent, whilst not the smallest particle of it touches any organ of my body? I see a mountain far away. This is a commonplace observation, you say; but if I ask how this observation is at all possible, and how it is accomplished, you will, most likely, be just as much puzzled as the illustrious philosophers of antiquity, the mediæval mystics, and the profound and learned scientists of modern civilization.

The old Greeks asked themselves, above all, this question: Does the mountain I see yonder come to me, or do I go to the mountain? Their opinions differed; some held to the one, some to the other, some to both at the same time. Democritus and his adherents supposed that a subtle substance, *light dust*, detached itself from objects penetrated into our eyes, and was perceived by them.

Others believed that light dust emanated from our eyes, impinged upon the surface of objects, and caused a sensation of the latter, by either returning to the eye, or remaining always in connection with it.

Plato started with the axiom that only homogeneous substances are capable of acting upon one another. Light dust, must, therefore, said he, not only be detached from the object, but also emanate from the eye. Both meeting midway between the object and the eye, cause, by their contact, visual sensations of light, color, and form.

The great philosphical mind of Aristotle refuted all these theories, and replaced them by another coming nearer to the truth. If a subtle light dust, argued he, detached itself from the object, it would require a certain time to travel to the eye. The perceptions of sight, however, are instantaneous. We open our lids and at once the remotest objects would, were this hypothesis correct, be the more clearly seen, the nearer they are to the eye. But the truth is, we see them indistinctly when they are held close by. If, on the other hand, light emanated from the eye, the eye would, above all, see itself; and it being the origin and source of light, would also illuminate the darkness.

His theory was the following: Between the visual object and the eye there exists a subtle substance, capable of assuming different states. In the state of activity, it becomes transparent and excites the eye, as light; in the state of rest it becomes opaque, and produces in the eye the sensation of darkness. Both states, light and darkness, combined in different degrees, produce the variety of colors.

The Aristotelian, was the theory generally received, up to the time of KEPLER, in 1604. This great naturalist applied the principle of an invention of PORTA, viz., the well known *camera obscura*, to the explanation of the act of vision. He said the eye represents a natural camera obscura, having a system of transparent collective lenses (cornea, crystalline lens, aqueous and vitreous humors) walls blackened inwardly, and a receptive screen, the retina. When the eye like the photographer's camera, is turned toward an illuminated object, an image of the latter is cast upon the retina. Kepler reviving the theory of Democritus, explained vision as follows:—*Images*, detached from the visual objects. enter the eye and place themselves upon the retina. There they are *touched* by the *spirits of the optic nerves*, which then communicate their impressions to the *soul* whose seat is in the brain. From the report of the optic nerve spirits, the soul draws a conclusion or passes judgment, and this con-

stitutes the notion or idea we have of the object. In case the soul, while forming an idea of a thing, does not rely on the report of the spirits of the optic nerves alone, it sends the spirits of the sensitive nerves into the ends of the fingers, ordering them to examine the same object by the touch. After the reception of their report, the soul forms a judgment on the statements of two witnesses, in order to guard itself against the fallacy of one-sided impressions. Thus Kepler held the three periods which constitute the act of vision, definitely apart, though his manner of conception and interpretation appears, now-a-days, rather childish.

The first and second periods of vision, the physical condition of the formation of the visual images, and the physiological process of receiving and conducting the light impression to the brain, have been explained, thanks to the progress of science, in a surprising manner. But we must confess that our knowledge of the third period of vision, the psychical work of forming the idea, is still in its infancy. Kepler was able to explain the first period of vision by the physical laws of optics, but his century was not yet prepared to comprehend the second period of vision, the physiological sensation of light: he resorted to personifying as the human mind is accustomed to do, when, ever its knowledge is unripe. He needed the spirits of the nerves, which constituted as it were the emissaries of the head of the government, the soul. With regard to the latter, we also, the enlightened citizens of the nineteenth century, must resort to personifying no less than Kepler, one of the founders of modern astronomy. A real or scientific comprehension of the nature and faculties of the soul will not be possible until the anatomy and physiology of its seat, the brain, are satisfactorily understood. Our knowledge of the brain, however, and methods to inquire into its structure and functions, are like those of a boy, who, impelled by scientific proclivities, beat a watch to pieces with a hammer in order to learn what was contained within the little case. To former centuries the eye was a case as dark and incomprehensible as the brain still is to the present. Let us, therefore, proceed to consider how we have discovered the structure and functions of the eye.

Kepler supposed that the retina was the percipient membrane of the eye, because it corresponds to its focal plane, that is, to the point of union of rays coming from distant objects. This can be easily demonstrated by turning an eye, removed from an animal, toward a luminous object, for instance, a candle, a small image of which will be plainly visible upon the opposite point of the eyeball. This retinal image, however, showed one quality which gave rise to a good deal of discussion from the time of its discovery to the present epoch, I mean the reversion of the retinal image. The same peculiarity obtains in images cast by any collective system. In the pictures of the camera obscura all the objects are inverted. When in the retinal images everything stands upside down, how then, is it that we see objects in the natural upright position. This was the universal and puzzling question.

Berkeley, in 1709, was the first to give a reasonable explanation. He argued: The earliest conscious observations of a child are the movements of its own hands. If you watch a baby a few months old, you will notice the queer and manifold movements of its hands and fingers, while its yet unsteady gaze is directed on them, and every now and then the fingers are brought to the mouth. These are the studies of the little creature. The hands and fingers cast images on the retina, which it learns to comprehend. It calls in aid the senses of touch and taste, and by unvaried comparisons of the impressions which the same object makes on different senses, it learns to refer these impressions to the same object. In this way it acquires a notion of the different qualities of a thing. Some of these qualities can only be furnished by one sense; for instance, light, colors, taste. Others may be perceived by two and more senses, for instance, the position and size of objects. The hand brings itself and things within its grasp, in contact with the lips and other parts of the body. Their positions, size, warmth, consistency, and other qualities are thus felt and recognized. At the same time the eye watches these movements, and, by numberless repetitions of these simultaneous observations, the mind learns to bring the impressions of the eye into harmony with the impressions received from the nerves of feeling. Constant habit establishes a law, and it is not astonishing to find such a law also in the sensations of the retinal nerves. Each nervous fibre receiving, at all times, the image of an object invariably from the same direction, can-

not but refer an impression to a luminous object placed in the like direction. This law is so compulsory, that irritation of the retinal nerves by other causes; electricity, injuries, etc., are always judged in the same way as referring to luminous objects, which would have cast their images on the parts of the retina excited by the electric current, the injury, etc. If you press quickly with your finger on the temporal side of your eye, you will perceive a luminous flash over the nose. In this way all the impressions of the retinal nerves are referred to objects without the eye, lying in the opposite part of the field of vision. Physiologists call this invariable mode of interpretation of retinal impressions by the mind, *the law of projection of the retina.* Being a law of nature, it admits no arbitrariness of judgment, no divergence of its meaning, no exception. If any part of the retina is excited by rays of light, pressure, or electricity, the mind always sees a luminous object in a definite direction, which is determined by a straight line drawn from the excited point of the retina through a point near the posterior pole of the crytalline lens, called the optical centre, or the nodal point of the eye.

In ordinary vision the outward world is portrayed as a miniature panoramic picture on the retina, every point of which is referred by the mind to the corresponding point of the landscape spread out before the eye according to the law of projection. The mind has not the least cognizance of the way on which the light, exciting the retinal fibres, traveled. If a prism or any other optical contrivance, be interposed between the luminous body and the retina, whereby the rays are deflected from their original straight lines, the mind knowing of no other code while judging the retinal images than the law of projection, sees the object in a wrong position. If the vitreous humor, lying before the retina, is not pure, but has some opaque spots in its tissue, they cast a shadow on the retina, which is mistaken for a dark object outside the eye, a floating mote, etc., according to its shape. Numerous errors are committed by relying solely on the impressions of one sense. They are called illusions, and many of them amuse or frighten people according to their nature.

If we recapitulate this chapter on the reversion of luminous object and retinal image, and the interpretation of the latter according to the law of projection, we arrive at the following summary.

The mind is in intercourse with the outward world by means of a pictorial language, photographed upon the retina. It has learned, in early youth, by habit and the co-operation of other senses than that of sight, to read this pictorial language according to a certain law, that of the projection of the retina, by which every point of the miniature panorama on the retina is referred to an object point, lying on the opposite side in the real landscape.

This sentence expresses in brief the opinion entertained by the most advanced natural philosophers of the present time regarding the art of vision. It gives a general idea, a rough outline of our subject, how light is converted into thought. But were I to stop here, I should have treated it very unsatisfactorily, leaving it immersed in a sea of obscurities. To dispel these we must advance further into the temple of science.

The sun, the central body of our planetary system, is a glowing map, surrounded by an atmosphere of glowing vapors. Light and heat emanate from it to create and sustain all animal and vegetable life on our little planet. According to modern science, both light and heat are not real, physical particles, or molecules, detached from the incandescent body and propelled through space with almost inconceivable velocity, but they are *a mode of motion*, transmitted from one particle to another. The single particle makes but an exceedingly small movement, always like a pendulum swinging to and fro about its point of rest, but imparts its motion to the neighboring particle almost instantaneously. Thus the original impulse given by the glowing body to the nearest molecules, is transmitted to an infinite number of others with incalculable speed, and this transmission is called *the propagation of light.* Its velocity is approximatively 200,000 miles in a second. The particles which are excited by the glowing substance to perform these vibratory movements, are supposed to be of the utmost subtlety, and to fill not only all space, celestial and terrestrial, but to pervade all bodies. They are called *luminiferous or light ether.* Their rarer or denser accumulation in different substances has a remarkable influence on the course of light. Through substances of equal density, light travels with the same speed, and the transmission of the vibratory motion from particle to particle is perfected in a straight

line. This transmission is nothing else than what we call a *ray of light*—a sun beam, if it comes from the sun. But any glowing body emits rays which travel through space in straight lines as long as their course is in the same medium. As soon, however, as the density of the substances changes, the rays of light are deflected from their original course.

When we accompany a ray of light as it proceeds from the sun, we have first to travel through an immense space, filled only with ether. The sun beam passes through it in a straight line, until it reaches the atmosphere of the earth, which, being a denser medium, deflects it somewhat from its original course. After having traversed the atmosphere, it illuminates the landscape around our dwelling-place, and, reflected from the objects enters our eye, where, after various refractions, it ends in the retina.

[TO BE CONTINUED.]

COMMUNICATIONS.

A CASE OF LARYNGOTOMY.

BY I. W. HEULINGS, JR., M. D.,

Of Haddonfield, N. J.

Called Friday Feb. 18th, 1870, to see M. E. G., wife of a laborer aged thirty, poor, with hardly the necessities of life; found her suffering with a very much inflamed throat, extending from the fauces to the larynx, considerable fever, pulse 90, skin dry and hot, tongue dry and slightly furred. Diagnosed diphtheria. Ordered a wash of argent. nitras, gr. xl to f.℥j., aqua, applied every five hours and powders each containing

R.	Alum.	gr. iij.
	Pot. chlor.,	gr. x. M.

Every four hours, with a view of preventing if possible the extension of the inflammation. Not having these medicines with me I gave prescriptions directing them to be procured as soon as possible. Did not visit her again until Sunday Feb. 20th; found they were unable through poverty to procure the medicines, consequently had used a little salt and vinegar, and awaited result, which was an extension of the inflammation into the larynx, accompanied with a deposit of that tough membrane so characteristic of this malady. Pulse, 100, skin dry and very hot, tongue furred thickly, and deprived of all moisture; weak, complaining much at every attempt to swallow; gave the same wash and powders as above and also ordered inhalations of the vapor from slacked lime; milk punch, beef tea, etc.

Monday, Feb. 21st.—Much worse; complete inability to swallow, and almost complete inability to breathe. Pulse 120, quick and soft. I immediately concluded that her only chance was in laryngotomy; so expressed myself to the family, to which they and she reluctantly consented. After administering chloroform to anæsthesia, with my patient in the recumbent posture, with a large pillow back of her neck, and one smaller under her head, and no assistance save the family, I began. Cutting carefully down to the crico-thyroid membrane, from the lower third of the thyroid membrane to the upper third of the cricoid; then seeing that there was no blood to pass into the larynx I divided said membrane. Having no laryngeal tube to introduce into the opening, I substituted the largest quill I could obtain, and fastened it by running a large pin through it, and fastening threads to the pin on each side, then passing the threads around the neck. I remained an hour after, and found she was immediately able to breathe better, and soon to swallow better; ordered stimulants every four hours constantly during the remainder of the day (then 4:30 P. M.,) and night, and a wash of tinct. ferri chloridi.

Tuesday, Feb. 22d.—Better; not much difficulty in breathing, nor as much in swallowing; considerable membrane has escaped through the quill, which has been kept clear all the time. Pulse, 110; continued same treatment, laying stress upon nourishment, and adding tinct. ferri chloridi et quinia; the wound she complained of being very much irritated by the quill, so allowed her to remove it, which I knew she would do in my absence. She spent part of the night in bed for the first time since the 20th.

Wednesday, Feb. 23d.—Not so well; pulse 110; very much depressed; ordered continued stimulants, with inhalations of vapor from slacked lime again; the wound is also at its edges covered with a deposit of membrane.

Thursday, Feb. 24th.—Much better; pulse 108; membrane beginning to loosen some, and much passing through the wound.

Friday, Feb. 25th.—Still better; from this time she steadily improved.

On the 28th, Sunday, I closed up the wound

with three silver sutures. Her pulse continued high for several days, (108) though more full.

March 2d.—Found her coughing considerably, and expectorating a quantity of a tough, leathery membranous substance; wound healing nicely from bottom, but owing to her cough, two of the sutures tore out from without; renewed them; pulse 85; stronger; ceased attending March 4th.

But, says one of my neighboring brother practitioners, "my experience has been that patients suffering with diphtheria die rather from exhaustion than from suffocation as in croup proper." In many, and in probably a majority of instances they do, but I think there is always more or less of a respiratory difficulty, and frequently inability to breathe, as in this case; probably in adverse order to the constitutional trouble, is the local difficulty.

I am aware of the blood poisoning, and its gravity in the disturbance. Even in those cases, where there is *only difficulty*, in fully expanding the lungs, I believe the blood poison has a more deteriorating effect, than if the lungs played freely and fully, or, in other words the fact of the blood's being thoroughly aerated renders the poison therein contained less depressing.

In those cases among which this is included, in which there is inability to breathe, from the deposit of false membrane, I think laryngotomy, or tracheotomy, (as the case may be), decidedly indicated, and if I am positive of any thing in medicine or surgery, (and I think I am), I am satisfied the operation in this instance saved one human being from a premature death.

Chas. West, in his "Diseases of Children," says (page 336), "I have come indeed to the conclusion which I have long hesitated to adopt, that what differences soever exist between croup and diphtheria, they must be sought elsewhere than in the pathological changes, observable in the respiratory organs; and when once it has invaded the air passages, diphtheria seems to produce precisely the same changes, to the same extent, and with at least the same rapidity as primary croup;" but he goes on to say the difference is very apparent in other respects, as we all know, and no one would contend for the similarity of the two affections: only as to the propriety sometimes of operative interference do I contend.

Smith also in his work on children pages 444, 447 and 457 has some references of worthy import, which it would be useless for me to quote filling your valuable journal with twice told tales. I would like to hear from some of the many subscribers to the REPORTER, who may have met similar cases.

THE THERAPEUTIC VALUE OF SCUTELLARIA.

BY D. C. LEAVENWORTH, M. D.
of New Haven, Conn.

Having prescribed this medicine to a considerable extent in my practice, I am prompted to give some of the results of my experience, and thus add my testimony to its valuable therapeutic properties.

I am under the impression that its importance as a nervine—besides other medicinal qualities which should recommend it—have to a great extent been overlooked and neglected. In our desire to try new remedies we are inclined to neglect and undervalue those which have proved reliable for the relief and cure of disease. Then this medicine has been used quite extensively by irregular practitioners, which has a tendency to prejudice the profession against it. Again the popular credit it obtained at one time as a preventive and cure of hydrophobia—it being claimed by its advocates as a specific in that terrible disease—caused it to receive the fate of many other medicines which being overestimated, are apparently sooner forgotten, and neglected. I have no doubt that from this, and similar causes many truly valuable remedies, have been disregarded by the profession, which would have proved of much service to us.

The value of scullcap consists in its combination of nervine tonic and other medicinal qualities. I have used it in various nervous diseases—more particularly in those nervous diseases—which require a nervine and tonic combined. I consider it especially applicable in low forms of fever, where the patient is quite restless and nervous. Also in the various forms of nervous disease incident to females. I have obtained marked success from its use in cases of epilepsy, infantile cerebral diseases, mental disease resulting from masturbation. It will be found beneficial for calming the excitability of the nervous system, especially where the brain has been overtaxed, and the mind is depressed and weakened, referable to cares and anxieties.

As an illustration of the beneficial effects, I

have observed in prescribing it, I give an abstract of two or three cases from note book.

Case 1.—A young man age 22; expression dull; appetite irregular; bowels at times constipated; lungs and heart in healthy condition; the urine upon testing it, I found to be normal, except occasionally there was a light cloudy deposit. He denies ever being addicted to the habit of masturbation. In early childhood he enjoyed fair health. The epileptic fits commenced about the seventh year; soon after an attack of scarlet fever. From that time he had on the average, one or two a week, sometimes two in one day. He generally had an intimation of their approach, but often they would prostrate him suddenly without premonition. I tried various remedies, among others strychnia, bromide of potassium, etc., with little benefit if any. I finally prescribed fl. extract of scullcap, and in a few days there was an improvement; and after a few weeks he seldom had a return of the fits, and they occurred when he omitted to take the medicine. At the present time—about three years since, I first prescribed for him—he informs me that he has had no attack for several months. Occasionally when he feels nervous he resorts to the medicine again.

Case 2d.—A woman who had for some months been afflicted with uterine disease consulted me. When I had by local applications subdued inflammation of the os uteri, there remained a nervous depression and debility which did not prove amenable to the usual course of treatment by tonics, nervines, etc. At last I commenced the use of scutellaria, combined with strychnia. There was soon a change for the better, and at the present time, now nearly sixteen months, she is enjoying comparatively good health.

Case 3d.—Typhoid fever. A young woman age 24. The fever, as usual, had commenced insidiously, and before her friends were aware of it she was prostrated. When I was called, found her under a fully developed fever; pulse 122 to 230; tongue heavily coated; face flushed; and that peculiar expression of countenance which we all know so well. This was a case in which those of our friends in the profession who advocate stimulants with such persistence would probably have used quantities of whisky. Although I believe in a proper supporting treatment in cases of fever and other diseases, yet I do firmly believe that the profession is sustaining much injury,—and also indirectly causing intemperance in the community—from the injudicious course that many physicians are adopting in the excessive prescribing of stimulants. But to return to my subject. I pursued my usual course of treatment under similar circumstances. After three or four days prescribed scutellaria with the other medicines. The patient recovered, free from the nervous depression, which usually is present after recovery from typhoid fever.

With other patients of both sexes and various ages, I have pursued a similar course with this medicine, and I attribute much of the success I have experienced in these cases to the use of scutellaria.

The preparation called *scutelarin* a precipitate from the concentrated tincture, I understand has been used with success, but I have not tried it. I hope that some among your numerous readers will give us the result of their experience with the medicine.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Clinic of F. F. Maury, M. D.
March 2, 1870.

(Reported by Ralph M. Townsend, M. D.)

Gentlemen:—Many and varied are the manifestations of syphilis which we have witnessed during the past few months; but we have barely entered the field, and in weeks to come I shall show you other cases, as numerous, varied, and interesting as those we have already studied.

I now introduce to your notice a man laboring under a double syphilitic affection, the first of which is—

Ozœna.

The discharge attendant upon this affection always proceeds from bone involvement or implication. Bones composed largely of spongy tissue, as the ethmoid and inferior turbinated, are the ones most generally attacked. In syphilitic ozœna the nasal passages, the antra and the frontal and sphenoidal sinuses may ultimately become involved, for all their cavities are lined by one continuous mucous membrane.

Understand, then, that ozœna is both difficult to treat and know. The geography of the affected district must be ours. Find out what progress the disease has made. Tell the patient that alleviation of symptoms within six months will satisfy expectation, if the case be a hard one, and to look for no approach to cure within a year, even when your advice is most skillfully and conscientiously followed.

This inflammation runs from mucous membrane to sub-mucous areolar tissue, to periosteum, to bone.

Treatment.- Cleanliness–only obtained by thorough washing. Cleanse the parts with Thudichum's apparatus charged with salt and water. What should be the strength of the latter? Enough water to effect the object, viz: cleanliness, and enough salt to medicate, ordinarily a tablespoonful of salt to a pint of water will give the requisite strength. This wash should be used twice or oftener per diem, and at least once a day some deodorizing lotion should be passed into the nasal cavities.

Of the latter I will mention a few of the best. First comes the liq. zinci chloridi, prepared according to Bennett's formula. This is a poison, and should so be labelled, but it is one of the best of detergents. We can use thirty drops of it to one pint of water, in the beginning. Be careful in its use, especially with women and children. On its causing them pain and unconsciousness at first, they will shrink from its use afterwards. Permanganate of potassa, used in solution of sufficient strength, is a reliable preparation. Labarraque's solution, two tablespoonfuls to the pint of water is another efficacious deodorizer. In using Thudichum's apparatus, direct the patient to bend his head over the chest, to to keep his mouth constantly open, and to draw the breath in. In most of these cases of ozœna, the olfactory powers are impaired, if not altogether abolished. In the treatment of these cases local and constitutional remedies hinge upon each other. As a rule these patients are broken down, and demand the administration of ferruginous tonics, and the proper so-called specific treatment. Caution here as elsewhere must be observed in the use of mercurials. Mercury must always be carefully exhibited to a broken-down man. In the case before us I shall give twenty-drops of the syrup of the iodide of iron, six grains of the iodide of potassium, and the one-twelfth of a grain of the corrosive chloride of mercury, in combination, three times daily. Besides the affection of his nose, this man also labors under one of the

Results of an Inflammatory Chancre.

You observe the stunted appearance of his penis. The glans penis, and foreskin have been eaten away, and the hard cicatrix resulting, is an impediment to the free passage of his urine. These are cases that you will be frequently called upon to treat, and it is your immediate duty to find out the nature and cause of the obstruction. This delayed, we may have inflammation of the bladder, uterus and kidneys, as secondary results. [Dr. M., with knife and scissors now trimmed away some of the redundant cicatricial tissue, and with a probe endeavored to find the orifice of the urethra. This was rendered the more difficult by the patient having previously passed his urine, and hence the want of the latter to indicate by its flow the channel of the urethra. Finally an orifice was entered which allowed the passage of an instrument for about three inches. Sounds of different sizes were introduced and the cavity *bored*, until the point of the last instrument reached the bulb. Here the operator ceased his exertions, not caring to renew them before Saturday. The whole urethral tract was callous, strictured and tortuous. R. M. T.]

Lichen.

The patient who now presents himself, was before you on the 5th of January last, suffering from a papular eruption-lichen. As a result of the treatment (sulphur vapor baths four times a week, along with milk, porter, and ferruginous tonics) the eruption has disappeared. A discoloration of the skin marks the site of the papules, and this is increased by cold, but will in time disappear. This man also suffered from the result of an inflammatory chancre, and at the last clinic I drilled out his urethra, and as a consequence you see with what ease to-day, I pass an instrument into his bladder.

The next case that presents itself is one for completion. This is the man whom I cauterized at clinic with a hot iron, for an ulcer of seven months standing. He is almost cured in ten weeks. I will repeat the cauterization along the edge of the wound, which seems somewhat indolent. [With a hot iron, Dr. M. then rapidly run along the edges of the ulcer. T.] Old syphilitic ulcers in their secondary and tertiary form are good subjects for this treatment. Take two ulcers of equal duration and size, one specific and one not, *cæteris paribus*, the former will outlast the latter, and needs a profound impression to cause its resolution. Its best resolvent is contact with iron at a white heat.

Urinary Calculus.

The patient now before you, is the one from whom, three weeks ago to-day, I removed a stone weighing 5 drachms. I operated upon this same man two years ago,—when I removed by the left lateral a stone weighing ℥j; phosphatic in its composition. At present there is another small concretion in his bladder, and the question naturally arises, shall I allow it, for the present, to remain, or remove it through the old wound, which has not yet healed, or crush it. I propose to do the latter. As I pass my sound into the urethra, slowly and cautiously, so as not to hook in and tear the old wound, it comes in contact with a fragment of stone impacted in the urethra. [Having failed to draw the stone out Dr. M. pushed it back into the bladder. T.] I now introduce the lithontripter of Sir Henry Thompson, and separating the blades, there immediately falls a fragment of stone into the jaws of my instrument. This I crush; again separating them, I catch another fragment, which I treat in like manner, and then withdraw my instrument. You see the whole pro-

cess has occupied now less than a minute. Here let me explain to you an idea as to how the lithontripter should be managed after its introduction into the bladder. Having fairly entered the instrument within the viscus, separate the blades and then gradually close them to see whether the stone has fallen between them. If not, again separate the blades, and then rotate the instrument on its long axis, describe an arc, and then close them, and if unsuccessful, again proceed as before in another direction, and if the stone is not grasped, withdraw the instrument and wait until another day. By such procedure you search every portion of the cystic cavity; and with proper tact, only acquired by careful practice, you will generally succeed in grasping the foreign body. Be careful in withdrawing the instrument, and if it catches, separate the jaws, for probably you have a piece of the mucous membrane of the bladder caught. Now that my instrument is withdrawn, the crushed fragments of stone upon its teeth, are unmistakable evidences of my having crushed the calculus.

Psoriasis.

The girl now in the arena is suffering from a form of scaly eruption denominated psoriasis; her age is 22. From a Greek and Hebrew root signifying dirty malignancy. There are three varieties of scaly skin eruptions—pityriasis, ichthyosis, and psoriasis. This latter affection is characterized by an increased secretion of epidermic scales, together with some exudation into the cutis, causing a thickening of that structure.

This affection may either be congenital or acquired. In this case I would call it congenital, having made its appearance two weeks after birth. Psoriasis commences by the appearance of little whitish spots, due to accumulation of epithelial scales detached from the cutis. These spots constitute the *psoriasis punctata*. As they enlarge the patient looks as if he had been spattered with mortar, and then the affection is designated *psoriasis guttata*. And so according to the shape which the affection assumes or its duration. We have *psoriasis circinnata, diffusa*, and *inveterata*. This form of skin disease frequently invades the greater part of the surface, but sometimes we find it throughout its course limited to one region. The situations most frequently attacked in the beginning, are the elbows and knees. In this case it first commenced about the face. This affection may be either specific or non-specific, but in both cases is apt to be chronic. It may last from a month to thirty years and then suddenly disappear. It is not common between the ages of sixteen and thirty years.

Chronic non-specific psoriasis may resemble either eczema or the *squamous syphilides*. In the first, there is always at some period serous exudation, which on the head, tends to glue the hair together. The scales of eczema are not so thick, white and adherent as those of psoriasis.

The squamous syphilides differ from psoriasis in being covered with thinner, less laminated scales, not very white, and usually accompanied with a papular rash. Then the history and concomitant symptoms will generally serve to remove all doubt.

Treatment.—For this affection we have no broad range of remedies, but a few local, and fewer constitutional. In the books we see recommended for internal use, Fowler's and Donovan's solutions, and the solution of the arsenite of soda, to be used and increased until we have itching and puffiness of the eyelids resulting. This disease is often associated with defective nutrition. If pyrosis exists rectify it with bismuth. Regulate the diet and secretions by simple but appropriate means. Tincture of cantharides occupies a prominent position, as being almost a specific for the disease. Its use is pushed far enough when it produces strangury and bloody urine. The dose should be two or three minims, gradually increased to ten or twelve, three times daily. The remedy to which I give the preference, and to which I think none other can compare, is the tincture of chloride of iron, combined with Fowler's solution and the bichloride. Such an eruption as psoriasis is but the outward and physical sign of some internal pathological condition. Arsenic will not cure the disorder if the gland and the juices are not proper in quantity and quality. In such a case as the one before me, I would take an old combination of the muriated tincture of iron, Fowler's solution, and corrosive chloride of mercury. I will give it a fair and continued trial, and then if it fails will resort to cantharides, as recommended by Hardy, or some kindred remedy.

Locally we may use the ointment of the green oxide of mercury, one part, to simple cerate seven parts. Helm says nothing equals the sapo viridis, or unguentum picis liquidi, or an ointment composed of equal parts of soft soap, spirit, and tar. This we will order for our patient, first removing the thick scales by a water dressing, and then rubbing the ointment firmly into the denuded and reddened derma. Some will object to the smell of the tar. Its impression upon the system will be witnessed in its giving an olive-green or black transparent urine, of a strong tarry smell. Sometimes the entry of the tar into the circulation produces a toxic effect, as witnessed by shivering, nausea, vomiting, and copious diuresis. Bear this in mind. The diet should be nutritious but not too rich. Salt meats, pork, spiced dishes, shell fish, strong coffee, and alcoholic drinks are to be forbidden.

——"When my druggist poisons me," says a French journalist, "they simply fine him; but when I poison my druggist, they send me to the guillotine."

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

February 2d, 1870.

A CASE OF PNEUMONIA.

BY C. G. COMEGYS, M. D.,

Professor of Clinical Medicine, Medical College of Ohio.

REPORTED BY DR. J. W. HADLOCK.

On the morning of the 14th inst., I was called to see Frank K., æt. 5 years; a plump blond of German parentage. He had had measles with fullness of the eruption, and with nothing in the beginning or progress, in the estimation of the mother, to require the attention of a physician until the closing period of the eruption, when a high fever came on with rapid breathing and great prostration. In this condition, I was called in, and found his left lung full of bronchial râles, the right in the second stage of pneumonia, in most of the middle lobe, with crepitant râles about it, and subcrepitant in the upper and lower lobe. The cough was very harrassing. His temperature was 120° F., pulse 145, respiration 50 per minute. The urine was not examined. The thirst was excessive, no appetite, diarrhœa, stools thin, greenish yellow.

I ordered a towel, thoroughly wrung out of cold water, to envelope his chest from the axilla to the short ribs, over which several thicknesses of flannel were to be placed to keep the moisture from the sheet; this to be reapplied as often as it should become dry, usually three and a half hours.

Internally I directed ½ gr. quinia every four hours; two drops of verat. viride, every three hours with four drops of equal parts of tinct. opii and tinct. camphoræ for the diarrhœa, and to relieve the cough as well. The diet to consist of beef juice freely, and one ounce of wine to be made into whey, to be taken in twenty-four hours.

On my visit next morning, found the temperature increased to 103 8-10°, pulse 100, respiration 40 per minute, diarrhœa not much checked, condition of the lung not much changed. The verat. had produced too much nausea. Cough a little less. I now shortened the interval of the doses of quinia to 3 hours, and doubled the wine whey. The verat. reduced to 1½ drop.

On my visit in the afternoon the temperature had fallen to 102½°, pulse 108, respiration, 40. Ordered bismuth for the diarrhœa. Treatment continued.

On the following morning found the temperature 101°, pulse 108, respiration 36, diarrhœa improved. Continued treatment.

On my next daily visit found the temperature 100°, pulse and respiration the same, no diarrhœa, stopped veratrum and wet bandage, continued quinia, and as the little fellow, true to his race, liked lager beer better than wine whey, substituted it.

On the following and fifth day of my visits found him convalescent, bronchial breathing gone, vesicular murmur established.

Ceased my visits with general direction in regard to diet and exposure to currents of air.

Remarks.—This it will be seen is not a case of *frank* pneumonia, and the indications were to avoid any treatment that would reduce the vital forces. The pressure had of the capillary circulation is the prime consideration in all diseases.

It is now agreed on all sides that fever exhibits the abnormal combustion of tissues. The proximate principles of the body are more readily destroyed than the inorganic compounds, and then the first, therefore, yield readily to the destroying action of oxygen, when from any cause the vital resistance is lowered. This, in my judgment, is the nature of fever in all its diversified relations.

The quinia was, therefore, given because of its tonic properties, that is, the highly organized tissues, nitrogenous and non-nitrogenous, have such vigor imparted to them by this agent that they resist the destructive changes exhibited in so marked a manner in fever. It is therefore *par excellence* antipyretic. I gave it therefore when the temperature was 102°, and when on my next visit the temperature had arisen to 103 8-10th°, I increased the quinine one third.

For twenty years I have used wet bandages, simply for refrigeration, and with this view only. Heat is a vital stimulant of the first rank, without it organic life is impossible, but when it is increased abnormally, the organism is stimulated too much, the heart is liable in this way to have its irritability exhausted; hence to my mind pains must not only be taken to resist the development of fever as above indicated, but at the same time, by refrigeration, to reduce its violent stimulative power when developed.

The wine whey was given from the first as a vital stimulus to assist in resisting the tissue change, and when the fever was observed to increase so decidedly, I doubled the wine whey. It is now agreed that alcohol decreases temperature.

The veratrum viride was given simply as a hydrostatic agent, that is to reduce the frequency of the heart's action, and thus to favor the capillary flow, for we now know that in disease the capillary circulation is hindered when the heart's action is most rapid. I could make many illustrations of this mode of treatment of febrile conditions in all diseases, but your limited time will not allow it.

EDITORIAL DEPARTMENT.

Clinical Lecture on Injuries of the Head.

This subject was treated and illustrated by two cases of injury to the head by Mr. PAGET (*British Medical Journal*).

In the first case, a boy, aged 11 years, met with an accident which caused a compound, slightly depressed, and starred fracture of his left parietal bone. He was stunned for some hours, then vomited, and the next day sat up in bed and answered questions. He had, then, no symptoms of compression, and for that reason he was not trephined. He went on well for twelve days, but, on the thirteenth, he was found to be flushed, and to have a rapid pulse, quick breathing, and a temperature of 103.2; two days later, he was found to have signs of double pneumonia, after which, he gradually sank, and died two months after the accident. At the *post-mortem* examination, both pleuræ were found filled with purulent fluid. The dura mater corresponding to the depressed portion of the bone was inflamed and adherent to the bone; there was no inflammation of the arachnoid, but, in the substance of the hemisphere immediately beneath the depressed fragment of bone, was a small abscess or slough of brain-substance, about as large as a sixpence in area.

In alluding to this case, Mr. Paget remarked that compound fractures of the skull in young persons are usually recovered from without interference when there are no signs of compression; but considered it possible that in this patient trephining, of the Registrar-General may tend to mislead the public, by creating, on the one hand, unnecessary alarm with reference to the places where the mortality is apparently high; and, on the other, false confidence in places where the death-rate is apparently low. The birth-rate should always be taken into consideration as well as the death-rate.

Treatment in Pneumonia.

In an English exchange Dr. WATERS of Liverpool gives the treatment of 53 cases of this disease. He says:

Venesection was not practised in any case. Only 3 cases were cupped; and only two had leeches applied. Whenever antimony was given, it was in small doses—from one-twelfth to one-fourth of a grain,—except in 2 instances, in which it was given in doses of three quarters of a grain and a grain. In 31 cases—a large majority of the whole—no antimony was given. In a large proportion of the cases some alcoholic stimulant was given early in the disease. In 30 cases alcoholic stimulants formed the main therapeutic agent; and in some of the most severe cases no other medicine was given. In 6 of the remaining cases stimulants were given after a few days' treatment by other means. The stimulants were given at regular intervals, frequently with food, beef-tea, or milk. In the instances marked by a very rapid pulse and great dyspnœa, brandy was given every hour, or every hour and a half. Mercury—calomel with opium—was not given in any case. In one case blue-pill was given twice a day for six days; but no soreness of the gums was produced. In no other instance was mercury given except as a purgative in combination with some other drug. In every case nutrients were allowed freely—viz., beef-tea and milk from the commencement of treatment, and solid food as soon as the patient could take it.

Of the results.—Of the 53 cases, 1 died. In this case after convalesence had apparently set in, and the pulse had fallen to 80, effusion into the pleura took place somewhat suddenly and to a large extent, and death soon followed.

The average duration of the 52 cases that recovered, *from the commencment of treatment to the period of convalescence*—namely, when all active symptoms had subsided, when the pulse had fallen to a natural or nearly natural standard and when the patient could take solid food—was 8 1-6 days.

The date of the commencement of the attack was clearly ascertained in 41 cases. The average duration of these, *from the onset of disease to the time of convalescence*, was 11½ days.

The average number of days during which the 52 patients remained in the hospital was 24 1-5 days; but of these patients 6 were kept in for a long time in consequence of impaired health from other causes besides pneumonia—namely, from rheumatic fever, tubercular symptoms and gangrene of the lung, great debility, and emphysema. Excluding these 6 cases, we have, as an average of the remaining 46, 20½ days. In reference to this average it should be borne in mind that the patients were, for the most part, not discharged until they had gained sufficient strength to be able to resume work.

——A Minnesota paper has introduced a new feature, it being a report from two prominent physicians of its town of the condition of their patients, their names, diseases, etc. All are reported to be "improving"—"convalescing"—"convalescent"—"gaining"—"doing well"—or "getting better."

Reviews and Book Notices.

NOTES ON BOOKS.

The second number of the *Canada Health Journal*, edited by C. T. CAMPBELL, M. D., London, Ontario, is before us. It is a feeble production, suited to do good to nobody, so far as we can see. Such trashy periodicals as this, and some similar ones we could name, this side the line, are what the people get for instruction in the laws of life. No wonder popular medical science is at a discount.

The article entitled "Excision of the entire Scapula with preservation of a useful arm," by Dr. M. SHUPPERT, of New Orleans, has been repulished in pamphlet form from the *N. O. Journal of Medicine*. It is interesting in many points of view, and not least from the operation being only the *tenth* ever performed. This pamphlet is illustrated with photographs.

Prof. E. NEUMANN, of Königsburg, Prussia, has sent us the report of a case of leukemia, with disease of the medullary substance. It is of peculiar importance just now, when the hematopoietic functions of the medulla are under discussion.

Townsend & Adams, N. Y. City, are publishing a pamphlet called "The Physicians Monitor for 1870" containing the code of ethics (of course) a list of late publications, an almanac, list of poisons, and other useful material. It is an advertising medium.

A timely and valuable lecture by Dr. EDWARD SEGUIN, has been published by Wood & Co., New York. It is entitled "New facts and remarks concerning Idiocy." It commences with a description of what family physicians should know about idiocy; gives the diagnosis between curable and incurable idiocy; some remarks on training schools for idiots; and sums up the main causes of deterioration of intellect now at work. It is no secret that idiocy is on the increase in this country, and hardly any question in State medicine is more vital, than how to remedy this appalling depreciation. Dr. Seguin refers idiocy in the main to the conditions of uterine life, and finds in the altered status, the different aims, the impaired physique and the nervous excitement of American women, the solution of the problem—but alas! who will apply the remedy?

Our thanks are due to Dr. GEO. F. FORT, for the annual report of the State Geologist of New Jersey, for 1869. It embraces a number of maps and much additional information on the character of the soil, minerals, etc.

The following publications have also been received:

Rhode Island Sixteenth Registration Report.

First Report of Board of State Charities and Corrections in Rhode Island.

Report of the Butler Hospital for the Insane.

Report of the New Jersey State Lunatic Asylum.

Report of the Western Lunatic Asylum of Kentucky.

Relaxations of the Pelvic Symphisis during pregnancy and parturition, by F. C. Snelling, M. D.

L. W. Schmidt's Circular of New Publications.

The Bible and the School Fund, by Rufus W. Clark, D. D., is one of Lee & Shepard's "tracts for the people" (12mo. pp. 127, paper, 40 cents). The author takes the Protestant side of the question with considerable vehemence.

BOOK NOTICES.

Modern Therapeutics; a Compendium of Recent Formulæ and Specific Therapeutical Directions. By Geo. H. Napheys, A. M., M. D., etc. Philadelphia: S. W. Butler, M. D., 115 South 7th St. 1870. 1 vol., 12mo., pp. 390. Price, $2.25.

A complete work on the Practice of Medicine, embraces the history, the diagnosis, the prophylaxis, and the treatment of each disease. Each one of these separate headings may be considered by itself, and it is often very convenient to have separate monographs in this manner. Strange as it seems, the treatment of disease has been much more rarely separately considered than either the history, diagnosis, or prophylaxis. Yet to the practicing physician it is certainly as important, and more interesting than the others. To cure disease, is, and will long remain the chief occupation of our profession.

This branch of treatment or therapeutics is that to which Dr. NAPHEYS devotes the volume before us. It is not by any means a catalogue of receipts, nor yet does it deal in those generalities, which detract from the value of many, therapeutical directions. A large number of formulæ are given, chiefly from eminent living American and European authors, and they are accompanied by carefully worded directions as to the application of general principles in particular diseases. The book is convenient in size, and is well adapted as a handbook for a busy physician.

While we have all this and much more which we could say in praise of Dr. Napheys' work, there are also some points in which his work is open to just criticism.

There seems to be a want of symmetry in parts, some diseases being treated at greater length than others of equal nosological importance, and there are some omitted which we should like to have seen represented.. We presume that each physician has certain departments to which he is especially devoted, and such a work is apt to be governed by such prepossessions.

On the whole, however, we find it hard to mention any more thoroughly *useful* book than this, in recent medical literature.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 19, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. **SPECIAL NOTICE!!** 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!

AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIANS' DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

2. For **2** new subscribers and $10, one year's subscription to the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, published by us at $3 a year, or—

3. For **2** *new subscribers* and $10, a copy of NAPHEY'S MODERN THERAPEUTICS, or any other book selling at retail for $2.50.

4. For **5** *new subscribers* and $25, any Books or Surgical Instruments to the amount of $6.

5. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

6. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

VITAL STATISTICS.

The registration reports of Rhode Island contain much that will command the attention of all engaged in the solution of the great problems of political economy and State medicine, and will suggest much more. The Report is prepared by Dr. EDWARD P. CASWELL, of Providence, and is one of the most thorough published.

In the matter of births we see that the Report coincides with the view we have always advocated in this journal, and against those who claimed an unfavorable sterility in native American women. It is shown by the tables that both the number and the percentage of children of American parentage born in the year 1868, were greater than in either of the preceeding six years, while the percentage of foreign children born was less than usual, although the number was greater than in either of the last six years, with the exception of 1867. Thus Rhode Island seems to disprove the statements recently put forth with so much earnestness, that our native population was gradually dying out, and that there were few children born among us in comparison with the foreign element.

In reference to death we learn that the average age of all the males who died in Rhode Island in 1868, was 30.47 years; the average age of all the female decedents was 35.08 years. We are struck with the remarkable equality of the sexes in the deaths from the same causes. Thus from apoplexy and paralysis, there were 56 males and 55 females; from diarrhœa, there were 23 males and 22 females; from fevers, there were 56 males and 55 females; from diseases of the heart, there were 58 males, and an equal number of females; from measles, there were 10 males, and an equal number of females; and from scarlatina, there were 47 males and 46 females.

The deaths from apoplexy and paralysis among those of American parentage were more than three times as many as among those of foreign parentage. A still greater excess was observed in 1867, and the reason for this preponderance was asked. The greater part of these deaths occur after the age of 60 years. It is fair to suppose that a large majority of the persons over sixty years of age are of our native population, and that, therefore, the greater number of deaths from these causes would fall among them; that is to say, the proportion is not really too great, when

we consider the relative number of inhabitants of each parentage of the above ages.

An excess of deaths, on the other hand, is found among the foreign population in all of the following diseases: cholera infantum, croup, diarrhœa, dysentery, whooping cough, measles, and scarlatina. All of these diseases are of a zymotic character, and the poorer condition of a majority of the foreign population, exposes them more fully to their ravages. This remark, however does not hold true of scarlatina, which presents an exception to the other diseases of its class. It has been evident in the city of Providence, that this disease was more fatal and more widely spread in the abodes of luxury, than in the hovels of the poor; and, it is also true that it has been at times more fatal in the open and sparsely settled country, than in the crowded city. The deaths from cholera infantum in 1868, were more numerous than in any year within the last eleven, and the deaths from dysentery less than in any year since 1860.

Of the deaths from old age, nearly three-quarters were between 80 and 90; and of this proportion 106 were females.

A variety of other points of interest will be found in the report, which is prepared with care and accuracy.

How Soon Does the Guillotine End Consciousness?

The late execution in Paris has revived the old question whether death instantaneously follows upon the severance of the head from the body. In a letter to the *Gaulois* Dr. Pinel asserts that decapitation does not immediately affect the brain. The blood which flows after decapitation comes from the large vessels of the neck, and there is hardly any call upon the circulation of the cranium. The brain remains intact, nourishing itself with the blood retained by the pressure of the air. When the blood remaining in the head at the moment of separation is exhausted, there commences a state, not of death, but of inertia, which lasts up to the moment when the organ, no longer fed, ceases to exist. Dr. Pinel estimates that the brain finds nourishment in the residuary blood for about an hour after decapitation. The period of inertia would last for about two hours, and absolute death would not ensue till after the space of three hours altogether. If, he adds, a bodiless head indicates by no movement the horror of its situation, it is because it is physically impossible that it should do so, all the nerves which serve for the transmission of orders from the brain to the trunk being severed. But there remain the nerves of hearing, of smell, and of sight.—*Pall Mall Gazette.*

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 2.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, i. e., the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Infantile Therapeutics.

1. Diarrhœal Affections.

James S. Hawley, M. D., Green Point, Long Island, New York.

In infantile diarrhœa the indications are as follows: First, to remove all sources of irritation from the quantity or quality of the ingesta, or change of temperature. Second, to allay irritation by sedatives, of which the best are the preparations of opium and the salts of bismuth. When irritation, without pain exists, bismuth most promptly and satisfactorily allays it, but when accompanied with pain, the addition of a minute portion of opium becomes a necessary complement to its effectiveness. Thirdly, artificial digestion by the administration of *pepsin.*

16. ℞. Pulveris pepsinæ Americanæ,
Bismuthi subnitratis, aa. ʒj. M.

For x powders.

One to be given every three or four hours to a child a year old. Opium may be combined as follows:

17. ℞. Pulveris pepsinæ Americanæ,
Bismuthi subnitratis, aa. ʒj.
Pulveris opii, gr. j.

For xii powders.

One to be given every two or four hours according to circumstances.

Thomas Hay, M. D., Philadelphia.

Our author has employed the following treatment in cases of Cholera Infantum with the best results:

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

18. ℞. Hydrarg. chlor. mitis, gr. ij.
Bismuthi subcarbonatis, gr. xvi-xl.
Pul. ipecacuanhæ comp., gr. j-ij.
Pul. sacchari albi, gr. xij. M.

For viij powders.

One to be taken every three hours for two or three days, or until the tongue and mouth become moist and the alvine excretion changed in color and consistency.

Then the following powders are given, and will ordinarily complete the cure:

19. ℞. Bismuthi subcarbonatis, gr. xvj-xl.
Pul. ipecacuanhæ comp., gr. j-ij.
Pulveris aromatici, gr. viij-xvj.
Pul. sacchari albi, gr. xij. M.

For viij powders.

One to be taken every three hours, in the mother's or cow's milk.

Counter-irritation is kept up over the abdomen with mustard plasters applied at intervals of three or four hours. The infant is allowed to suck at a piece of ice held in its mouth. When stimulants are required, the doctor gives from fifteen to thirty drops of Port wine. When the infant is artificially fed, he gives it cow's milk and lime water in the proportion of one fluid ounce of the latter to five fluid ounces of the former; also broiled mutton or beef minced very fine. All farinaceous food is forbidden. The child must be nursed or fed at regular intervals and not allowed too much at a time.

DRS. MEIGS AND PEPPER, OF PHILADELPHIA.

Our authors recommend in the treatment of *simple diarrhœa* of childhood, sulphate of magnesia combined with laudanum, as follows:

20. ℞. Magnesiæ sulphatis, ℥j.
Tincturæ opii deodoratæ, gtt. xij.
Syrupi simplicis, f.℥ss.
Aquæ menthæ, f.℥ijss. M.

Dose—At one or two years, a teaspoonful every two or three hours. For older children, the proportion of magnesia and laudanum should be doubled.

If this fails recourse must be had to an astringent. The officinal Mistura Cretæ may be given in teaspoonful doses after each loose evacuation, three or four times a day, or tincture of krameria may be added, thus,

21. ℞. Tincturæ krameriæ, f.℥j-ij.
Misturæ cretæ, f.℥ij. M.

Dose—Teaspoonful repeated as above directed.

Powdered *crabs' eyes* will sometimes succeed after the failure of the chalk mixture. Our authors employ the following formula:

22. ℞. Pulveris oculor. cancrorum, ℥j.
Pulveris acaciæ, ℥ij.
Sacchari albi, ℈j.
Aquæ cinnamomi,
Aquæ, aa. f.℥iss. M.

A teaspoonful to be given four, five, or six times a day.

M. BOUCHUT recommends the following prescription of this remedy employed by HUFELAND:

23. ℞. Pulveris oculor. cancror, gr. x.
Syrupi rhei,
Aquæ fœniculi, aa. f.℥ss. M.

Dose, a teaspoonful every hour.

Our authors have also employed with advantage either alone or with F. 21 and 22, an *aromatic syrup of galls* prepared as follows.

24. ℞. Pulveris gallæ opt., ℥ss.
Pulveris cinnamomi, ℥ij.
Pulveris zingiberis, ℥ss.
Spiritûs vini gallici opt., ℥ss. M.

Let the ingredients stand in a warm place for two hours, and then burn off the brandy, holding some lumps of sugar in the flames. Strain through blotting paper.

Dose—15 to 40 drops, three or four times a day, or, when the discharges are very frequent, every two or three hours.

In the chronic form of simple diarrhœa our authors have found of late years the following tonic very useful:

25. ℞. Tincturæ nucis vomicæ, f.℥ss.
Tinct. gentianæ comp., f.℥iij.
Syrupi simplicis, f.℥v.
Aquæ, f.℥ij. M.

Dose—a teaspoonful three times a day, after meals, for children of three or four years of age.

Wine of pepsine is also efficacious in such cases, in doses of half a teaspoonful ter die.

J. LEWIS SMITH, M. D., PROFESSOR IN BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

Prompt measures are required in *cholera infantum* as the child rapidly sinks under the prostrating influence of the frequent watery discharges. Some evacuent is indicated at the outset, if there be any irritating material in the stomach or bowels, causing or keeping up the trouble. Small doses of ipecacuanha (from two to five grains) are often beneficial. When, however, the stomach is very irritable and the alvine discharges fail to carry off the intestinal contents, calomel is the great remedy. As it is slow in its operation, castor oil may be administered after it with benefit, or its operation may be aided by a simple enema. It should not be given to the extent of more than one or two doses.

Our author thinks that, unless the stomach is quite irritable, castor oil, syrup of rhubarb, or if there be acidity present, rhubarb and magnesia will generally be sufficient to remove the indigestible matter.

If there be no indigestible substance in the intestines purgatives are contraindicated, as they are then hurtful. The continuance of the diarrhœa for several hours affords a pretty sure evidence of the removal of any irritating matter which may have been present, and hence no purgative is required. The objects of treatment then should be to diminish the frequency of the evacuations and improve their

character. No time should be lost. Opium in some form is the chief reliance.

If laudanum be used, it may be administered in one drop doses, every two or three hours to a child one year old. Its effects should be watched. If the evacuations are partially checked, *and there are signs of stupor*, stop the opiate, or at least give it less frequently.

Astringents and often alkalies may be employed as adjuvants to the opium. The opiate and alkali may be employed in the following combination:

26. ℞. Tincturæ opii, gtt. xij.
Misturæ cretæ, f.℥jss. M.

One teaspoonful every two or three hours to an infant one year old. To this mixture an astringent may be added, as tincture of catechu or kino. It should be borne in mind, however, that astringents are less tolerated by an irritable stomach than opium or chalk. When they are vomited, therefore, they should be discontinued, even in cases in which they would doubtless be serviceable if the stomach were retentive.

By means of the opiate and astringents, if they be retained, the passages are rendered, in a few hours, less frequent, and the stools more consistent.

In cases in which calomel is employed our author does not recommend its use in larger doses than one-fourth of a grain, morning and evening, (together with the astringent and opiate) to a child of one year.

Dr. S. also advises small pieces of ice in the mouth at the beginning of the attack, to combat the irritability of the stomach, and the application of mustard to the epigastrum.

In most cases Bourbon whiskey or brandy, the best of the alcoholic stimulants, are required. They should be used from an early period of the disease, both for the purpose of sustaining the vital powers and of diminishing the gastric irritability.

The diet should be simple, but nutritious, and taken often, but little at a time. If the child be at the breast, it should be confined to the mother's milk. If it be weaned, cold barley or rice water, with whiskey or brandy, should be given in the commencement of the attack; afterwards milk or broth may be employed in addition.

ALFRED VOGEL, M. D., PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF DORPAT, RUSSIA.

Our author states that in general the rule holds good that *no child with intestinal catarrh tolerates cow's milk*, whether pure, or mixed with tea or boiled into a broth with meat or bread, and that the diarrhœa will only exceptionally be arrested if a milk-diet is persevered in. Total abstinence from cow's milk is the first essential to successful treatment. As soon as liquid stools appear, the patients should only be allowed demulcent drinks. In the place of milk, the children may be allowed for their meals a thin mucilaginous beef-broth, with rice, barley or groats, slightly sweetened with sugar, it should however be deprived of fat and without salt. When the appetite improves, a few teaspoonfuls of triturated wheat bread may be boiled in the beef broth. After the stools have been normal for at least two days, a trial may be made with one milk-pap each day, then with two, and finally three a day.

The *pencilling of the mouth with laudanum*, and the use of *opiate clysters* stand at the head of all therapeutic measures. But occasionally in the profuse diarrhœa of summer, opium proves inefficacious, then order small doses of calomel, gr. ½, three or four times daily, or,

27. ℞. Argenti nitratis, gr ss.
Aquæ destillatæ, f.℥iij. M

A teaspoonful three or four times a day. A drop of laudanum may be added to each dose.

Vegetable remedies containing tannic acid, such as calamba, rhatany, pure tannic acid itself, and astringents in general, are with difficulty administered to small children, unless mixed with large quantities of syrup, and, on that account, should be seldom resorted to. In older children they may be oftener employed.

28. ℞. Aluminis, gr vj.
Syrupi acaciæ, f.℥ij. M.

A teaspoonful ter die. This will sometimes check the diarrhœa which has been uninfluenced by any of the above remedies.

Our author, if compelled to choose between the two, would prefer the dietetic treatment alone to that by medicine alone. He has often convinced himself of the utter inefficacy of all therapeutic remedies in the treatment of this disease when the child is sustained on milk diet.

The best prophylaxis consists in rendering the cow's milk given the child alkaline by the addition of the following soda solution to each meal:

29. ℞. Sodæ carbonatis, ℥j.
Aquæ, f.℥vi. M.

In summer the entire quantity of milk to be consumed in the twenty-four hours should be rendered alkaline immediately upon its arrival at the house, by adding a tablespoonful of this solution to every five ounces of milk.

If this direction be followed it will become speedily evident that intestinal catarrhs may often be avoided.

Postage.

We live in hope that some good will come of the postal reform propositions now before Congress. The underlying principle of the whole should be *the prepayment of every thing that is transported through the mails*, with as few exceptions as possible. Nothing could be more unsatisfactory than the present arrangements.

Last year we tried the prepayment of postage to paid subscribers. The consequence was, that in very many instances, both we and our subscribers paid postage! We now prepay postage to all our New York and Brooklyn subscribers, yet some of them complain that the carriers demand four cents postage on each copy of the REPORTER. This indicates very bad management in the Post Office, either here or in New York.

We earnestly hope that Congress will give us right speedily, a good, uniform, sensible postal law. It will be a gain to the Government and to the public.

Fare to the American Med. Association.

MESSRS EDITORS: As commutation of fare from this city to Washington, for delegates to the approaching session of the American Medical Association, can only obtained in the shape of excursion tickets it will be necessary for those who expect to attend, to notify me early. Yours etc.,

W. B. ATKINSON,

Phila., March 14, '70. *Perm. Sec'y.*

College of Physicians and Surgeons.

The sixty-third annual commencement of the College of Physicians and Surgeons—Medical Department of Columbia College—was held at Steinway Hall, March 4th. The stage was occupied by several leading physicians of this city, and immediately in front of it was the graduating class, numbering 74 students. After prayer by the Rev. Sullivan H. Weston, D. D., the degree of Doctor in Medicine was conferred upon the graduates by Dr. Delafield, the President of the College, and six prizes were presented by Profs. Clark, Dalton, and Draper. The two Faculty prizes were given to Allan McLane Hamilton, M. D., for a thesis on the "Galvano-puncture applied to the cure of Aneurisms," and to J Freeman Atwood, M. D., for a thesis on "Bromide of Potassium." The Harsen prize, established eleven years ago by Jacob Harsen, M. D., for the best clinical report on the treatment of cases in the New-York Hospital, was awarded to Allan McLane Hamilton, M. D. The Stevens triennial prize, established three years ago by Alexander H. Stevens, M. D., late President of the College, was received by Lucius D. Bulkley, M. D., for a thesis on the "Use of the Thermometer in the Treatment of Diseases." And the Alumni prizes were presented to Andrew H. Smith, M. D., and Albert H. Buch, M. D., for theses on "Oxygen as a Remedy for Disease," and "Mechanics of the Assicula of the Ear," respectively.

The Rev. Francis Vinton, D. D. delivered the address. He alluded to the enmity that had for centuries existed between the profession of medicine and his own profession, and deplored the fact that the same enmity does to a great degree exist between them still. In his view, the two were kindred vocations; the workers in them both were called of God to exercise, in His name, their respective functions; the department of the one profession was the human body; that of the other the immortal soul. Both callings were united in Christ, who taught in the synagogues and healed all manner of sickness; and the only antagonisms between the two have been made by man, not by God.

The speaker alluded sharply to the hard-heartedness that frequently characterizes a physician. He knew that familiarity engenders contempt, and that the experience of life acts differently upon men, softening one and hardening another; but he urged that if charitable motives would not prompt physicians to exhibit sympathy for the sorrows of others, they should at least show it for the sake of politeness. In closing, the Doctor enjoined the newly-made M. D's to so practice their professions as to merit the blessing of God and the thanks of those to whom they shall have administered when they shall finish their earthly career and take their highest degree.

Clergymen's Certificates.

A newspaper says, hundreds of swindlers are collecting money from charitably disposed people on the strength of letters given them by good-natured clergymen. If ministers could be held personally responsible for all the swindles which they inadvertently indorse, we should soon cease to be imposed on in this way.

The same is true in respect to certificates to quack remedies. Clergymen are responsible for a great deal of unnecessary sickness and suffering, and many deaths, from the facility with which they certify to the efficacy of quack preparations. Personal responsibility, if it could be exacted, would lead to greater caution, and save many lives.

Only Drunk!

Many of our policemen are taken from the dregs of society, and are innately brutal, and entirely unfitted for the performance of duties which sometimes require judgment and feeling. Such items as the following are of frequent occurrence in the newspapers:

Mr. John Reynolds, of Providence, was arrested while intoxicated, in Pawtucket, R. I., thrust into a damp cell, and the next morning was found dead. The coroners' jury censured the town for maintaining such a lock-up.

It is not many weeks since in this city, a respectable citizen was suddenly attacked on the street by illness, when a policeman arrested him for drunkenness, took him to a station house and kicked him into a filthy cell, where, the next morning he was found *dead*. It was shown that the man was a sober, steady, upright citizen; and possibly, medical

aid at the proper time would have restored him. We have seen drunken women wheeled along the streets in open wheel-barrows, or carried by the arms and legs, by unfeeling policemen, followed by a boisterous crowd, when their shame should have been concealed from the vulgar gaze. It may be natural, if men and women make brutes of themselves, to treat them in a brutal manner, but something is due to the higher instincts of human nature, and our public servants should be taught that they are representatives of justice and right, and not of cruelty and wrong.

Medical Department University of Louisville.

The commencement exercises in the Medical Department of the University of Louisville took place on the evening of the first of March. The degree of M. D. was conferred upon 92 gentlemen. The degree Ad Eundem upon 5. The valedictory address in behalf of the Faculty was delivered by Prof. Parvin; that on behalf of the class by Dr. Malcom M. Burke, of Miss.

Longevity.

It seems to us that there is accumulating evidence of the increased longevity of the human race, certainly in this country. Would that the census about to be taken were in hands competent to work out this problem. Let our readers scan the death column of any newspaper, and we think they will be surprised at the number of deaths of aged people recorded. For instance. there lies before us the Vermont *Chronicle*, an excellent religious and family paper, published at Windsor,—of March 5th. It records 40 deaths. Of this number, 30 were over 60, and 27 over 70 years of age. The youngest was 64, and the oldest, 98 years of age. The average age of the 30 was 77, and of the 27 who were over 70, was 78 years. Three were between 60 and 70; 16 from 70 to 80; 10 from 80 to 90, and one over ninety.

Possibly the *Chronicle* selected its cases in this instance, but even if it did, the record is a remarkable one for a single week.

Chloral Hydrate.

The demand for this new and remarkably efficacious remedy is excessive. We are informed by one of our largest drug houses that "the demand has been very large, and in the last ten days we have received orders of various sizes for many *pounds*, which we have not been able to fill, and which could not be procured at any price—we have a few pounds on the way from Germany, which we expect next week, but it will not fill our orders. Yesterday, Powers & Weightman received ten pounds, (having ordered 100 lbs)., and their orders were so numerous that they had to distribute it as they could, and all we could procure was four ounces, which went off at once."

It is certainly one of the most remarkable of our tentative remedies, and capable of being often usefully applied by the judicious physician.

A correspondent of the *Michigan University Medical Journal* seems to intimate that this was the drug that Shakspeare's friar gave Juliet.

> "Take thou this phial, being then in bed,
> And this distilled liquor drink thou off;
> When presently through all thy veins shall run
> A cold and drowsy humor, which shall seize
> Each vital spirit.
> And in this borrowed likeness of shrunk death
> Thou shalt remain *full two and forty hours,*
> *And then awake as from a pleasant sleep!*"

The Social Evil.

The city correspondent of the *Germantown Telegraph* says:—

It has been ascertained by the investigations of the Midnight Mission that there are in Philadelphia the appalling number of twelve thousand professional prostitutes, without including the irregulars. The last time I paid attention to the subject, now some years since, I found that by actual calculation there were over six thousand; but I had no idea the social evil had grown so fast. You may remember that I called your attention to the matter at some length in one of my letters, and pointed out that it had invaded every neighborhood in the city, high or low. In fact the good name, quietness, order and propriety of social life in Philadelphia has attracted this class of women from far and near. There is not a country in Europe or America, and not a race that is not represented in this mass. The interior cities and towns contribute constantly increasing numbers, and all the rural districts yield their share. I do not know what can be done on the subject, for thus far the exertions of the benevolent scarcely produce a ripple on the surface. The fact mentioned above is sufficient to startle any one. No wonder the thieves of the city have a regular annual ball in one of the most public halls in the metropolis.

Dr. Dixi Crosby.

Monday, Feb. 7th, being the 70th birthday of Dr. DIXI CROSBY, of Hanover, N. H., his friends and neighbors to the number of about sixty, met at the house of his son, Dr. A. H. Crosby, in Concord, N. H. His brothers who were present on the occasion, were Hon. Nathan Crosby, of Lowell, Mass., Dr. Josiah Crosby, of Manchester, John Crosby, of Sandwich, (the native place of these brothers), Professor Alpheus Crosby, of Salem, Mass., and Professor T. R. Crosby, of Hanover. The first four mentioned are between seventy and eighty years of age, and they are all healthy and vigorous, and actively engaged in business. They have two sisters over seventy years of age, both married to physi-

cians. The father of this family was Dr. Asa Crosby, of Sandwich, one of the earliest physicians in that part of the State; and he was the father of seventeen children. Of his direct descendants more than a dozen are or have been successful practitioners of medicine.

A beautiful large easy chair was presented to Dr. Crosby as a token of friendship for him as a man and a physician. An appropriate presentation speech was made by Prof. Sanborn. The Dr. and his estimable lady were taken completely by surprise.

The Doctorate.

This is the season for conferring the degree of Doctor of Medicine, and from every section of the country will go forth hundreds of young men, some good, some bad, and too many indifferent. The following lines sent by Dr. Kippis, to Dr. W. Harris in 1728, at a time when the Scotch Universities were very prodigal with honorary degrees, will apply very well to some of our chartered institutions, particularly those of the parasitic kind.

"Since dunces now are doctors made,
As well as men of skill,
What does the title signify?
I'll tell thee, honest Will.

"The same as trappings to a horse,
Which be he fleet or jade,
Not for his own but rider's sake,
So wondrous fine is made.

"So when our universities
Doctorial honors give,
'Tis not *our* merit they declare,
But *their* prerogative."

Vicaria—A New Name for an old Disease.

Our excellent cotemporary, the *Galaxy** is publishing an entertaining story by CHARLES READE, the celebrated English novelist. One of his characters, a sorry inventor, having wrought out of his inventive brain a valuable machine, applies for a patent, and is fairly crushed by what he calls the "roundabout swindle," *i. e.* red-tape. He complains to his good friend Dr. AMBOYNE that by all the treatment "one would think an inventor an enemy of the human race," and proposes to burn his models and renounce invention altogether.

To the disgusted inventor the doctor thus quaintly discourses: "That system of go-betweens, and deputy-go-betweens, and deputy-lieutenant-go-betweens, and of nobody doing his own business in matters of state, really is a national curse and a great blot upon the national intellect. It is a disease; so let us name it. We doctors are great at naming diseases; greater than at curing them:

Let us call it VICARIA.
This English malaria."

*The Galaxy: an Illustrated Magazine. Sheldon & Co., New York. $4 a year. We supply it to our subscribers at $3.

Maryland State Inebriate Asylum.

An effort is being made under the direction of Drs. A. C. ROBINSON and R. S. STEWART, to put this institution on a permanent basis, with a building and a fund of its own.

A report has just been made by the committee of the Board of Trustees. The Asylum is at present located at Spring Grove, near Catonsville, in a wing of the building erected for the State Lunatic Asylum. We hope the project will meet with favor from the community and the authorities, as these asylums deserve to rank among the most beneficent institutions of our age.

Medical Advertising.

Dr. SCHLESINGER, in a recent number (Jan. 15) of the *Weiner Med. Wochenschrift*, expresses his views on the propriety of specialists advertising. He says, "When no extreme puffing or humbug is called into requisition, when the credulity and ignorance of the people are not played upon, when every street corner and public place are not seized upon, when the advertisement is reasonable and true, there is no more harm in advertising than in hanging out a sign, with name, title, and business." This seems to us a loose statement, very easily turned to evil. Dr. S. adds that "an experience of many years" in Europe proves that the only kind of advertising in practice that pays, is in secret diseases, but that this depends much on publicity. He relates the instance of a Dr. CHARLES ALBERT, of Paris. This individual concluded to save the 30,000 francs which he expended every six months in advertising. He did so and found at the end of that period that his receipts were 60,000 francs less!

Calumba in Pregnancy.

"Jersey Doctor" writes us about this prescription that the honor of it is due Dr. WOOD, and adds that powdering the root for an infusion, instead of bruising it does not add to the efficiency of the infusion.

Eye and Ear Infirmary.

An eye and ear infirmary has been established in Newark, N. J., in connection with the St. Michael's hospital. Dr. CHAS. J. KIPP, favorably known to the profession as a surgeon during the civil war, and as a writer, has been appointed attending surgeon.

APPOINTMENTS BY THE GOVERNOR.—The Governor of Pennsylvania, has reappointed the following officials for a second term:—Port Physician of Philadelphia, Dr. H. E. GOODMAN; Health Officer, J. E. ADDICKS; Lazaretto Physician, Dr. THOMPSON. These gentlemen have filled their respective offices for three years past with ability and satisfaction.

Correspondence.

DOMESTIC.

Letter from Baltimore.

March 1st, 1870.

EDS. MED. AND SURG. REPORTER:

As no one communicates with the REPORTER from this city, I will, if agreeable to you, enter your *sanctum*, and chat about medical matters here. I do not know how it is in your city, but here doctors have fine opportunities for study, and run no risk of being called out to see a patient just at the time they have become fairly interested in their books. That this is not altogether a blessing may well be imagined, for M. D.'s like other men, need a *little* out door exercise, but then we must consider the good to the community, and the great increase of knowledge to be gained by the present mode! I remember, years ago, taking mental notes of all places classed under the head of "good opening for young men," and Baltimore stood high on the list. After some years of experience candor compels me to say that it is one of the best places to try the patience (not *patients*) of a beginner that can be found. We have only two hundred more doctors than are required, and if an epidemic does not make its appearance soon, it cannot be otherwise than unfortunate. But enough of this, for let the results be what they may, our two colleges can keep the city supplied with abundant medical material.

On the 22d ult., Washington University furnished forty eight young men with the requisite sheep-skin, and this morning the University of Maryland added forty-four more to the list. I heard one of the professors of the Washington remark that his school had varied a little from the usual routine, and *had actually rejected two* applicants. Whether any striking results will follow this innovation is more than your correspondent can say.

Last night the "Baltimore Medical Association" held its annual election of officers, and discussed the annual supper. As usual with suppers of this kind, "it was an occasion long to be remembered," especially the headache afterwards. It was held at the rooms of the Medico-Chirurgical Faculty, which intimates a closer union between the two bodies. You are probably aware that our ancient "Faculty," after several years of Rip Van Winkleism, has at last fairly awakened, and is doing all it can for the good of the profession and *itself*. By a combination of mighty efforts it has been changed into a representative State Medical Society, and promises to establish a medical library. The Baltimore Medical Association may claim all the credit of its present activity. Therefore, the supper being held at the "Faculty" rooms indicated an era of good feeling between the fossil and its juvenile antagonist. The new officers of the Association are: President, Dr. Jas. H. Currey; Vice Presidents, Drs. Morris and E. Lloyd Howard; Secretaries, Drs. Gilman, Taneyhill and Dare; Treasurer, Dr. Dickson; Com. of Honor, Drs. Jones, Hartman and Neff; Com. on Lectures and Discussions, Drs. Williams, Noel and Fay; Executive Committee, Drs. Uhler, Wayson and Friedenwald. Dr. Cox, of Washington, one of the first members of the Association, was present, and contributed much to the enjoyment of the hour. The addresses were quite different from those usually delivered on festive occasions, and embraced subjects of real interest. Remarks were made on the general interests of the medical profession; the means proper to advance its standing and influence; the relations existing between physicians and druggists; the reliability of medicines; making medicines palatable, and the position of *family* physicians. At a late hour the meeting adjourned.

It can no longer be said that Baltimore has no medical journal. Now we have two, but the newcomer, *The Baltimore Medical Journal*, has not been "out" long enough to decide whether it is a success or not. The men at the head of it have talent and energy, and will deserve success be the result what it may.

More anon,

W. P.

[We trust the "ANON" will come frequently.—EDS.]

On Dyspepsia.

EDS. MED. AND SURG. REPORTER:

Seeing the case of dyspepsia described by "D," of Illinois, and asking for information, and having had considerable experience during the last twenty years in such cases, I take the liberty of replying to his inquiry. In the first place, his patient has *fermentation of his food which is the cause of the flatus.* The process of chymification of the food is not rapidly performed, and this in all probability is the cause of all the trouble. In the first place, I presume the food is farinaceous, largely composed of starchy matter which is not properly insalivated and without which it cannot be assimilated. If he eats fatty matter this I presume rises from the stomach, etc., etc. I am in the habit of discarding vegetable diet almost entirely, except dry toasted bread, and confining my patients to animal food, such as milk, eggs, beef-steak, oysters, game, fresh fish, mutton, etc.,etc. Then I try to supply what nature has failed to furnish. First I would give pepsine, I prefer Boudault's, fifteen grains immediately after eating. If the patient is constipated I give a five gr. pill of inspissated ox gall half an hour or an hour before eating.

I hardly ever find my patient doing well upon tonics and cholagogues. These remedies seize hold of what vitality there is left, and compels increased action. If it is a recent case, and the road to health a short one, this will do, but if it is chronic, it will result in further debility by overtaxing the vital action of the organs immediately concerned. Stimulants in these cases are very much like the whip to a tired horse, and tonics are but little better. We are apt to give too much medicine.

The support these patients need is derived from good health, nutritious food suited to the capacity of the digestive organs, and the medicines required are those which are going to assist in the proper care of that food. This is the only way I find to build up my patients afflicted in this manner. Hoping that "D" will try what I have suggested and not medicate his patient too much. I am, etc.,

D. M. Cool, M. D.

Cincinnati, Ohio.

Turpentine in Erysipelas.

Eds. Med. and Surg. Reporter:

In reading the *Half-Yearly Compendium*, No. iv, July 1869, I came upon an article called "A new remedy in erysipelas," by Professor Lucke, of Bern, and by Professor Schutzenberger, of Strasburg.

Speaking of the efficacy of oleum terebinthinæ it is *not very new*, for Dr. Thomain, a graduate of the University of Bavaria, Germany, and Dr. C. Miller, introduced the turpentine in 1864 and 1865, in erysipelas, to all stumps of amputated limbs, and injured soft parts, even when grangrene had set in. Dr. Thomain practiced it at Emory hospital, Washington, D. C., out of ten other surgeons that were there in the spring of 1865, where I made a report upon it, and was the only surgeon who endorsed him, having practiced and used the oil of turpentine in many cases, to my entire satisfaction, with the colored U. S. soldiers and the white. So you perceive that there are some in this country who either used the turpentine before the Europeans, or at least simultaneously with them.

I would add here, that I never knew a case where the turpentine was used but the parts affected would take on healthy action and improve very rapidly, I can therefore corroborate at least, from my experience, the charming effect of this agent in infectious or traumatic erysipelas.

C. Miller, M. D.

Washington, D. C.

—Miss Dix, after a tour of the Southern asylums and prisons, decides that snuff-dipping is the predominating cause of insanity among Southern women.

News and Miscellany.

Cases of Longevity.

In another column we have referred to the apparent increase in the average age of man. The following cases came under our notice within a few hours of penning those lines:

There died, on the 1st inst., in Norton, Massachusetts, a veteran who voted for Washington, and for all the Presidents down to Grant. His name was David Makepeace, and he was 102 years old. All of his long life he has been a constant smoker.

A remarkable negro, named David Smart, died about a fortnight ago in Franklin county, Ky. Although 105 years old at the time of his death, and notwithstanding the first 16 years of his life were spent in the State of Virginia, this extrordinary colored American never claimed to have been the body servant of Gen. Washington!

William Schooley, an uncle of Wm. H. Seward's wife, died recently at Ypsilanti, aged 102 years. What he remembered hearing Washington say was: "It is a hard thing to bring up men to be slaughtered." This was when young Schooley, aged nine, going to the mill with his brother, in New York, was impressed into Washington's army—horse and all—as a carrier of grain.

Instances of great longevity appear to be more numerous, at the present time, than ever before within the memory of those who now live. The North German Correspondent mentions the death of a citizen of St. Polten, called Mathias Schlagintweit, at the age, it is believed, of 126 years. Of his numerous descendants only six, four grandchildren and two great-grandchildren, survive.

Hadji Athanassi recently died near Smyrna, aged 125 years. He had been governed by nine Sultans. He lived on fish and vegetables, eating meat only at Easter. He preserved his faculties to the last.

The Jersey City Charity Hospital.

We are glad to see that this useful charity is in a flourishing condition. The report for 1869 shows a total of 215 in-patients, and 543 out-patients.

A General order promulgated by the War Department provides that hereafter no volatile oils will be issued or used for illuminating purposes at military posts, and all varieties of coal oil will be regarded as volatile. In general, lard oil will be supplied for issues of oil authorized for the necessary illumination of military posts.

——The Medical Faculty of Michigan University have made arrangements for the publication of a monthly journal. It will be under the control of two managing editors chosen from the Faculty.

—— Some difficulties having been thrown in the way of women studying anatomy in Edinburgh, two professors (Struthers, of Aberdeen, and Bell, of St. Andrews,) have offered them the instruction elsewhere denied them. The Professor of Anatomy in one of the London schools has also expressed his readiness to instruct them in this branch of science.

—— The trustees of the Illinois Insane Asylum have accepted the resignation of Dr. McFarland, its Superintendent, to take effect when his successor is appointed.

—— An effort is about being made to establish a Presbyterian Hospital in this city. Large donations have been promised for the purpose.

QUERIES AND REPLIES.

A Correction Corrected.

MESSRS. EDS.:—In the REPORTER of the 26th inst., page 179, the word correction led me to suppose that an error was about to be corrected; but, I think per anum is good Latin, while per oram, for which per anum seems to have been, by a curious typographical error, inserted, cannot be said to be correct; and consequently the error cannot be corrected by inserting the word oram. Some writers say per orem, which is no better, but not one in ten writes per os.

Of course, Dr. Hillis meant "*by mouth;*" but we say per vaginam and per anum, because delicacy would fordid the use of the vernacular terms.

If physicians feel too delicate to say, "by mouth," let them say the same thing in Latin; but they should remember the rule which requires the accusative case of Latin nouns in the neuter gender, to be the same as the nominative. Per os, not per oram or per orem, nor per ore as some have it. P. M.

A correspondent wishes information of the results of the use of the Turkish Bath in diseases, and the methods in which it is applied.

Splints.

Dr. T. S. J., of La., is informed that full sets of splints cost from $10 00 to $25 00, varying much in their make and substance. Dr. Bauer's splints cannot be had in this city.

Tumors.

Drs. Mc. & C. of Tennessee, send us by express a tumor weighing about half a pound taken from a girl aged 18, who presents numerous others on various parts of the body. The senders are of opinion that the tumor is fibrous in character, but to us it appears largely fatty. We doubt if any constitutional treatment will avail in this case, though alkalies, and a meat diet would be advisable "on general principles."

Dr. O. C. A. of N. Y.—Probably in the case which you relate where the physician administered quinia freely in the eighth month of pregnancy, it was instrumental in causing premature birth.

Dyspepsia.

In the REPORTER for Feb. 26th, Dr. D. asks for a remedy in a certain form of dyspepsia which he has failed to relieve by antacids, cholagogues, etc. If the Dr. will try the mineral acids, I think he will relieve his patient. Let him try the nitro-muriatic. I believe it will succeed in the case.

Abingdon, Ills. R.

OBITUARY.

Died in Natchez, Miss., Jan. 27th, DR. HUGH LYLE, in his 83 year.

Dr. LYLE was a native of the County of Londonderry, Ireland, and a graduate of the Edinburgh University. He served as surgeon in the British Navy during the war of 1812—1815, at the close of the war he located in Kentucky, where he remained in active practice until 1837, when he removed to Natchez, Miss., and there resided until his death. He occupied a pre-eminent position in his profession and was universally beloved and respected.

DR. ASA COLEMAN.

A correspondent of the *Cincinnati Gazette* writing from Troy, Ohio, under date of Feb. 25th, says:

Dr. Asa Coleman, an old and eminent citizen of Troy, died suddenly at four o'clock this morning, in the eighty-second year of his age. Dr. Coleman was born July 2, 1788, in Glastenbury, Connecticut, and came to this place in 1809 or 1810, and has resided here ever since.

As a physician he was faithful and successful, and was well known in this valley. In private life and public stations he was always respected, honored and trusted. He was remarkable for his physical and mental vigor, even to the hour of his death.

MARRIED.

GRAFF—SWEARINGEN. Dec. 30th, by Rev. J. R. Dundas, D. D., Mr. A. B. Graff, of Hanover Station, Ohio, and Miss Lissa Swearingen, of Lynchburg, Ohio.

MARTIN—JACKSON. Feb. 3d, by Rev. D. Harbison, Dr. T. H. Martin, of Lebanon, Indiana, and Miss Ella Jackson, of Salem, Westmoreland county, Pa.

NOYES—GRANT. On the 9th inst., by Rev. G. L. Prentiss, D. D., Henry D. Noyes, M. D., of New York, and Anna M., only daughter of Dr. C. W. Grant, Iona Island.

PENNOCK—SMITH. On the 10th inst., by the Rev. H. C. McCook, at Penn Square Church, Mr. Townsend Pennock, M. D., and Margaret Morris, daughter of the late Alfred L. Smith, all of this city.

STEWART—SNOWDEN. January 6th, at the residence of the bride's mother, by Rev. W. B. McKee, Thomas H. Stewart, M. D., and Miss Sallie G. Snowden, of Hogucstown, Cumberland county, Pa.

TIPPLE—HICKLEY. Feb. 15th, at the Logan House, Altoona, Pa., Dr. Robert Douglass Tipple, of Bellefonte, Pa., and Miss Susan Hickley, of Unionville, Pa.

DIED.

BRINTON—In this city, on the 4th inst., George C., only son of Dr. Bernard and Sallie W. Brinton, aged 3 years and 9 months.

FULLER—In Philadelphia, on Wednesday, the 21 of March, Dr. Daniel Fuller.

GALLUP—In Plainfield, Conn., Dec. 23d, Dr. John S. Gallup, aged 67 years—a native of Hartland, Vt.

HAZLETT—In New York, suddenly, on the 4th instant, John Hazlett, M. D., aged 51 years.

KINGSBURY—In Temple, New Hampshire, March 3rd, of pneumonia, Nathaniel Kingsbury, M. D., in the 72d year of his age.

MAXWELL—In San Francisco, March 3d, Ella Middleton, only child of Dr. Richard T. and Mary Wain Maxwell.

MILLER—On the 8th instant, Dr. Lewis L. Miller, for nearly 40 years a leading physician and surgeon in Providence, R. I.

POTTER—Feb. 13th, in Hamilton, Ohio, of pneumonia, Augusta Sherman, wife of Dr. S. H. Potter, in her 51st year.

METEOROLOGY.

FEB.	28,	M. 1,	2,	3,	4,	5,	6,
Wind.....	S. W.	S. W.	N. W.	N. W.	N. E.	N. W.	N.
Weather.	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Cl'dy	Cl'dy
Depth Rain			High Wind		Snow		Snow
Thermom....							
Minimum..	26°	30°	25°	18°	21°	17°	23°
At 8, A. M.	31	36	30	25	25	26	29
At 12, M...	38	39	31	31	25	31	34
At 3, P. M.	23.6	29.9	29.9	30.2	30.2	30.2	30.2
Mean.....	41.	40.	37.	35	26	32.	32
Barometer..							
At 12, M...	34.	36.25	30.75	27.25	24.25	26.50	29.50

Germantown, Pa. B. J. LEEDOM.